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Selective decontamination of the intestine and the interstitial electrophoresis in prevention and treatment of purulent complications in acute pancreatitis

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Abstract

© 2016, International Journal of Pharmacy and Technology. All rights reserved.This paper presents the methods of prevention and treatment of infectious complications in patients with acute pancreatitis. It contains literature data on bacterial translocation from the intestine into the pancreas and a parapancreatic space. At the Department of Surgery SEI CPE KSMA, 86 patients were examined for bioelectric activity of their gastrointestinal tract; the 24 patients (18 men, 6 women; 43±13 years) with an average severity on a scale of Dzhanelidze St. Petersburg Research Institute had the dynamics of the inflammatory response according to laboratory and clinical data. In case of evidence of adverse acute pancreatitis, these patients were prescribed a selective intestinal decontamination by introducing antibiotics through the probe or orally (Ciprofloxacin 500 mg 2 times a day), and 36 patients (27 men, 9 women, 44±7 years) were prescribed galvanization during intravenous antibiotic therapy with third-generation Cephalosporin (Ceftriaxone). The comparison group consisted of 26 patients (22 men, 2 women; 44±14 years) with moderate severity and 2 (2 men, 43±6 years) with high severity, who received conventional conservative treatment with intravenously administered antibiotics. According to the results, the use of selective intestinal decontamination, and galvanization of intravenously administered antibiotics in the study group reduced the frequency of purulent complications from 34.6% in the control group to 13% in the study group with a predominance of localized forms. The use of intestine decontamination and electrophoresis during antibiotic administration reduced the mortality from 15% to 10%.

Keywords

Acute pancreatitis, Antibiotic therapy, Bioelectrical activity, Galvanization, Intestinal decontamination